



# Educational Opportunity Center 2017-2018

## 1) Applicant information:

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Current mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  M  F

2) **US Citizen**  Yes  No If no, what is your permanent resident #? \_\_\_\_\_

## 3) Military Information

- Are you a Veteran?  Yes  No
- Are you currently on Active Duty?  Yes  No
- Is your spouse on Active Duty?  Yes  No
- Is your parent or guardian on Active Duty?  Yes  No

## 4) Ethnicity:

A) Do you identify yourself as Hispanic/Latino?  Yes  No If no, complete B

B) Check **all** that apply:

- American Indian or Alaska Native  Asian  Black or African American
- Native Hawaiian or other Pacific Islander  White  Two or more races

If English is not your primary language, please indicate primary language. \_\_\_\_\_

## 5) Educational Information:

- Current high school student  
Grade  9th  10<sup>th</sup>  11th  12<sup>th</sup> Which high school? \_\_\_\_\_
- Individual without a GED/HiSET or high school diploma
- Current GED/HiSET student. Which program? \_\_\_\_\_
- High School or GED/HiSET graduate
- Previous college student  
Do you have a certificate or an Associate's degree?  Yes  No  
Do you have a Bachelor's degree?  Yes  No
- Potential college transfer student (earned a Certificate or two-year degree):  
Where do you wish to transfer? \_\_\_\_\_
- Current college student: Name of college \_\_\_\_\_

## 6) Are you CURRENTLY receiving services from another TRIO program or other federally funded program providing services similar to EOC?

CHECK all that apply:

- GEAR UP  TRIO Student Support Services (SSS) on college campuses  TRIO Talent Search
- TRIO Upward Bound (UB)  TRIO Upward Bound Math Science (UBMS)
- Other federally funded program providing similar services: \_\_\_\_\_

List services if box is checked: \_\_\_\_\_

7) Do either of your parents have a Bachelor's (4 year) degree  Yes  No

If your parents are divorced or separated, please indicate the educational level for the parent you lived with the most.

8) Financial information:

8a)  If you are 18 or over, not a high school student, and not fully admitted to or enrolled in college, please indicate your taxable income range below and sign.

8b)  If you are fully admitted to or enrolled in college, please check all that apply:

- I am age 24 or older by December 31 of this year.
- I am married (or separated, but not divorced).
- I have legal dependents (other than a spouse or children) who live with me and who receive more than half of their support from me.
- I have children who receive more than half their support from me.
- I am a veteran of the Armed Forces of the United States or am currently serving on active duty in the Armed Forces for other than training purposes.
- I have been an orphan, in foster care, or a ward of the court after age 13.
- I am in legal guardianship as determined by a court of my legal residence at time of determination and/or an emancipated minor.
- I am a homeless person or an unaccompanied youth.
- I have been determined to be an independent student by the financial aid office at my college.

If you **DO NOT** meet any criteria in 8b you will need to a parent/guardian to verify family taxable income range below in order to receive services as an income-eligible participant.

8c)  If you are younger than 18 years of age and/or enrolled in high school, please check all that apply:

- I am married (or separated, but not divorced).
- I have legal dependents (other than a spouse or children) who live with me and who receive more than half of their support from me.
- I have children who receive more than half their support from me. .
- I have been an orphan, in foster care, or a ward of the court after age 13.
- I am in legal guardianship as determined by a court of my legal residence at time of determination and/or an emancipated minor.
- I am a homeless person or an unaccompanied youth.

If you **DO NOT** meet any criteria in 8c you will need a parent/guardian to verify family taxable income range below in order to receive services as an income-eligible participant.

Please indicate your taxable income range (not gross income) based on your previous year's taxes.

(EOC Coordinators have taxable income worksheets to assist you in quickly calculating taxable income. You can also find taxable income listed on tax form 1040 Line 43; form 1040A Line 27; or Form 1040EZ Line 6) income levels revised 1/31/17

- \$0 - \$18,090
- \$18,091 - \$24,360
- \$24,361- \$30,630
- \$30,631- \$36,900
- \$36,901- \$43,170
- \$43,171-\$49,440
- \$49,441 - \$55,710
- \$55,711 - \$61,980
- above \$61,981

Family size? \_\_\_\_\_ (Total number of dependents claimed on taxes, including yourself)

**Certification:** To the best of my knowledge, the information provided is accurate and complete. I authorize Educational Opportunity (EOC) to request and receive records related to my academic and degree status, financial aid status, and higher education registration and enrollment records for the purposes of tracking student academic progress, recordkeeping, and reporting purposes. I authorize the Educational Opportunity Center (EOC) to use this information for purposes of public relations, media events, recruitment, editorials, and possible referrals to other agencies for which I may be eligible.

Participant Signature	Date	Parent/Guardian Signature (if required)	Date
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